					ROVED	
(April 2004)	UNITED STATES		Artesia	OM B No. 1		
	DEPARTMENT OF THE INTERIOR			Expires: Ma	rch 31, 2007	
В	UREAU OF LAND MANAGEMENT		5. Lease	Serial No.		
SUNDRY NOTICES AND REPORTS ON WEL		и нати и с	C If Indi	an, Allottee or Trib	1-06838	
	is form for proposals to drill or to re		6. II mai	an, Anouee of The	je manie	
	ell Use Form 3160-3 (APD) for such p		7. If Uni	t of CA / Agreemer	nt, Name and/or No.	· · · · ·
	PLICATE - Other instructions on re	-				
1. Type of Well	· · · · · · · · · · · · · · · · · · ·		8. Well 1	Name and No.		-
Oil Well	Gas Well	Other		Atlantic F	Federal "5" #1	
2. Name of Operator	Breck Operating Cor	р.	••• <u>•</u> 9.•API W			
		· · · · · · · · · · · · · · · · · · ·	10 5' 11		15-25931	
3a. Address 3b. Phone No. (P.O. Box 911 Breckenridge, TX 76424 254- 4. Location of (<i>Footage, Sec., T., R., or Survey Description</i>)		(Include area code) -559-3355	10. Field	10. Field and Pool, or Exploratory Area N. Shugart (Bone Spring) 11. County or Parish, State		
		-333-3333	LL Com			
Sec. 5, T185	6, R31E, U/L B 660' FNL 1980' FE	L		Eddy (County, NM	i
12. CHECK APP	ROPRIATE BOX(ES) TO INDICATE	E NATURE OF NO	TICE, REPORT,	OR OTHER DA	TA	
TYPE OF SUBMISSION		TY	PE OF ACTION			
	Acidize	Deepen	Production (Start/Resume)	Water Shut-o	ff
Notice of Intent	Alter Casing	Fracture Treat	Reclamation	1	Well Integrity	
Subsequent Report	Casing Repair	New Construction	Recomplete		Other	
		Plug and Abandon	Temporarily	Abandon	<u> </u>	
Final Abandonment Notice		Plug Back	Water Dispo			
Attach the Bond under which the wo following completion of the involved	ally or recomplete horizontally, give subsu ork will be performed or provide the bond N d operations. If the operation results in mu	rface locations and m No. on file with the B Itiple completion or r	easured and true ve LM / BIA. Require ecompletion in a ne	rtical depths of all d subsequent repor w interval, a Form	pertinent markers and ts shall be filed within 3160-4 shall be filed o	zones. 30 days nee testing
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